

# St. Bartholomew's Hospital



## Journal

"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 10

JULY 1ST, 1937

PRICE NINEPENCE

### CALENDAR

We regret that owing to the re-arrangement of duties with the move to the New Medical Block we are unable to include them in this month's Calendar.

Sat., July 3.—Tennis Match v. Chiswick Park. Home.

United Hospitals Swimming Gala.

Sun., „ 4.—Tennis Match v. Grasshoppers. Away.

Wed., „ 7.—Surgery: Clinical Lecture by Mr. Vick.

Cricket Match v. South Hampstead. Away.

Sat., „ 10.—Cricket Match v. Shoeburyness Garrison. Away.

Tennis Match v. Staff College. Away.

Wed., July 14.—Cricket Match v. St. Ann's. Away.

Tennis Match v. R.N. College. Home.

Sat., „ 17.—Cricket Match v. Old Leysians. Home.

Tennis Match v. London Hospital. Home.

Sun., „ 18.—Tennis Match v. Chiswick Hard Court. Home.

Mon., „ 19.—**Last day for receiving matter for the August issue of the Journal.**

Thurs., „ 22.—Cricket Match v. Midhurst. Away.

Sat., „ 24.—Cricket Match v. Nore Command, Chatham. Away.

Wed., „ 28.—Cricket Match v. Hornsey. Away.

Sat., „ 31.—Cricket Match v. Lewes Priory. Away.

### EDITORIAL

#### GOOD TASTE AND BAD TASTE

WE print in our correspondence columns this month a number of letters from students of the Hospital protesting against the suspension of a somewhat experimental column which appeared in the May JOURNAL.

With the actual substance of this column the Editors are not much concerned. With the principle which lies behind it, however, they are very deeply concerned indeed.

It has been repeated almost *ad nauseam* that this paper is the property of the Students. In the June number, which was the largest JOURNAL to date, 33 of the 48 columns were written entirely by

students, and 4 columns of the remainder were routine official news. In short, it is a paper owned and largely written by students for students.

We believe (and a recent letter from Major Guyon Richards, a founder of the JOURNAL, confirms us in this) that those old Bart.'s men in all parts of the world who read this paper, do so not for the sake of a characterless collection of lengthy clinical articles which would be better studied in the columns of our redoubtable contemporary, the *Lancet*, but to recapture something of the carefree atmosphere of hospital life, to hear an account, perhaps, of notable events and of auspicious ceremonies, and to listen

for a while to the harmless gossip and cheerful badinage around the Fountain.

The present Editor early expressed the view that a paper which did not pay and was not read should forthwith cease to exist.

The present JOURNAL has not paid for the past eight years. And in recent years the number of discarded and unclaimed journals in the cloakrooms has spoken eloquently of its unpopularity among students. But it is not only the students who have been dissatisfied, for outside subscriptions fell from £416 in 1933 to £293 in 1936, and at the end of the last financial year the JOURNAL showed a deficit of £50.

It was clearly high time that some drastic changes were made in the policy of the paper as well as in its administration, and during the past nine months a few of these changes have been made.

There are a certain number of subscribers who enjoyed opening their JOURNALS and finding within a redolent souvenir of the nineties, complete with monstrous floral capitals, forgotten fonts of print, and a measured and soporific prose so unvital that, together with the fortuitous arrival of the JOURNAL some thirty days late, they were amply confirmed in the view that time had indeed been standing still.

So strong was this emotion among a minority that when the Editor substituted the present sober and time-honoured Caslon type for the ugly and outmoded Victorian efflorescences he was actually accused by a member of the Staff of "American sensationalism".

It is consequently little to be wondered at that he does not view the present repetitions of this charge very seriously. Nor is he much moved by that ever facile accusation of "bad taste" which is the invariable refuge of he who disapproves but can think of no good reasons for doing so. For we are never told who are the arbiters of "good taste" beyond the fact that it is something the indignant letter writer possesses by instinct.

We see no virtue in a journal so loftily poised upon the peaks of its own arid correctitude that it is completely beyond the reach of the common man. It is a poor thing to be irreproachable if one is also unapproachable. And if in bringing the paper down from its chilly eyrie we are accused of "lowering its tone", we are only too happy to acknowledge the responsibility.

The editorial policy has been consistently towards popularizing the JOURNAL. Clinical writers are

encouraged to be brief. Only three articles in the past nine months have been long, and these, the first of which was written by Professor Jung, constituted a related series upon psychological subjects which helped perhaps to fill a gap in the curriculum and to arouse interest in a vitally important but locally neglected subject.

The proceedings of the Student Council have been reported—for the first time—as fully as a tactful censorship will permit. And finally the contributions of students have invariably been published in preference to those from other sources. The net result of these and other measures has been that all available copies of the JOURNAL now regularly disappear from the cloakrooms within a few days of publication, and that instead of having to solicit matter from any desperate source, the Editors have now usually more material than they can print.

The Gossip Column and the Candid Camera were introduced in the logical continuance of this policy of humanization, and in answer to a very considerable demand. Both were frankly experimental and both had the approval of the Censor.

The effect of lacing with a little sparkle the traditional crusted port of this paper proved almost too heady in some quarters. Several letters were received which made it perfectly clear that the caption of the first Candid Camera study had been taken seriously, and later were followed hotly by profuse apologies, and still later and even more hotly by retractions of the retractions. Suchun certainty of mind as this, we think, was uncommon, but it is an undeniable fact that both the gentlemen concerned in the picture received letters deploring or approving their having joined the Buchmanites. For this we are extremely sorry, but cannot honestly feel deeply culpable, for even the most cursory examination of the picture, quite apart from its context, must have revealed the truth.

The experience, however, has given the Editors some pause, and they await with interest letters expressing amazement at Mr. Bristow's having joined the Police Force or Mr. Wilson's having been arrested by him in a city night club.

It is clear that half a century of sobriety has left a few of our older readers defenceless against a little bubbly, and while we do not promise totally to abstain in the future, we may, perhaps, lead them more gently to the spring and consider the advisability of inscribing clearly there "A Joke".

## CURRENT EVENTS

### OUR SPECIAL NUMBER

A special number of the Journal will appear in August to commemorate the opening of the new King George V Building by H.M. Queen Mary, on Thursday, July 8th. By a happy chance it will come out exactly thirty years after the special number issued on the occasion of the opening of the Out-Patient Block by His late Majesty King George V and Queen Mary, then Prince and Princess of Wales. The present visit therefore will be full of memories, not only for the Hospital, but for Her Majesty, and the issue of the Journal with which it is to be commemorated will possess a very considerable historic value, quite apart from the great interest of its contents.

\* \* \*

### MEMORIAL TO THE LATE PROFESSOR EDGAR HARTLEY KETTLE, F.R.S.

By the death of Edgar Hartley Kettle in December last, pathology, in this country, lost one of its most distinguished exponents, and all who knew him were deprived of a personal friend. We feel sure that those who were associated with him, as colleagues or students, in his professional work, or in any other of the activities in which he took part, would desire that his memory should be perpetuated in some suitable form.

Kettle's devotion to his subject, and to all that concerned it, including particularly the interests of his students and younger colleagues, was evidenced throughout his professional career. As an original worker, as a director who stimulated the work of others, as a teacher, as a senior member and Treasurer of the Pathological Society, and as an active member of numerous committees, he played a part that will not be forgotten. In each of the four University Schools in which he directed the teaching of Pathology—St. Mary's, Welsh National School of Medicine, St. Bartholomew's and the British Post-graduate Medical School—he won the admiration and affection of his colleagues and his students. We feel that a fitting tribute to his memory would be the foundation of a Kettle Memorial Lecture-ship in Pathology, and that this lecture might appropriately be given annually, in each of these Schools in turn.

An Endowment Fund is being collected for this purpose, and we are sure that his colleagues and friends, including many who though not pathologists, were associated with him in connection with his pioneer work on silicosis, or in other ways, would wish to be given the opportunity of contributing. It is suggested that

individual contributions should not, in most cases, be more than two guineas, and smaller sums will be welcomed.

BALFOUR OF BURLEIGH	G. HADFIELD.
W. GIRLING BALL.	JAMES MCINTOSH.
A. E. BOYCOTT.	ROBERT MUIR.
S. LYLE CUMMINS.	J. A. MURRAY.
DAWSON OF PENN.	A. J. ORENSTEIN.
H. R. DEAN.	A. H. PROCTOR.
J. HENRY DIBLE.	JOHN A. RYLE.
J. B. DUGUID.	A. W. SHEEN.
HERBERT L. EASON.	BERNARD SPILSBURY.
FRANCIS R. FRASER.	SQUIRE SPRIGGE.
G. E. GASK.	M. J. STEWART.
M. H. GORDON.	W. W. C. TOPLEY.
W. E. GYE.	C. M. WILSON.

Cheques toward this Fund should be drawn in favour of "*The Treasurer, Kettle Memorial Fund*" and crossed "*Barclay & Co.*" They should be sent to

THE TREASURER,  
Kettle Memorial Fund,  
British Post-graduate Medical School,  
Ducane Road,  
London, W. 12.

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### APPOINTMENTS

Our congratulations are extended to Dr. E. F. Scowen upon his appointment as Assistant Director of the Medical Unit, and to Mr. N. A. Jory, who becomes Assistant Oral Surgeon.

A further appointment of great interest is that of Dr. A. H. T. Robb-Smith as Assistant Director of Pathology at the University of Oxford, under Lord Nuffield's Benefaction. His appointment takes effect from September 1st, 1937.

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### STUDENTS AND THE B.M.J.

The British Medical Association inform us that an arrangement has now been made whereby students who have completed the second year of the clinical part of the curriculum may receive the *British Medical Journal*, ordinarily costing 1s. 3d. a week, for a nominal annual subscription of 10s. 6d.

To take advantage of this offer students must sign a special form of application obtainable from the Dean's office, and forward it to the Medical Secretary of the British Medical Association.

## OBITUARY

### SIR SQUIRE SPRIGGE

IT is with sorrow we have to record the death of that great editor and great gentleman, Sir Squire Sprigge, Editor of the *Lancet*.

Trained at St. George's, he graduated at Cambridge in 1887, and after a number of resident appointments, became first secretary to Sir Russell Reynolds, and subsequently, through a friendship with Sir Walter Besant, secretary to the Society of Authors.

In 1893 he took a responsible post in the office of the *Lancet*, and very shortly afterwards became assistant editor.

When he was only 48, in 1909, he was promoted to sole editorship, and at once began to foster those interests and conduct the finely human policy which has ever since distinguished the journal, whose present eminence he did so much to win.

He was not a modern journalist in technique and did not much care whether a page looked formidable or readable. The tricks and strategies of the trade were unknown to him or ignored. And he had a typically English love of compromise and dislike of displayed emotion.

He insisted that the general practitioner should not be tendered specially cooked dishes, but that the *Lancet* fare should be adjusted to a community of palates and enjoyed in the consulting-rooms both of Harley Street and Peckham.

If a medical man had something worth saying, he could be sure of a pulpit: The *Lancet*, and the cause of medical education was always one close to the heart of the Editor.

The best test of an eminent man's real greatness is the testimony of those who work under him, and the esteem and affection with which Sir Squire Sprigge was regarded by his staff speaks eloquently of the richness and worth of his character.

Their tributes, together with those of many of the distinguished men who were his friends, are to be found in the *Lancet* of June 26th.

### DR. LANGTON

Dr. Edward Athol Clarence Langton, only son of the late Dr. Herbert Langton, of Brighton, died suddenly at Kampala on May 27th at the age of 48.

He was educated at Epsom College and St. Bartholomew's Hospital, and had completed seventeen and a half years in the Colonial Medical Service.

He served with a Red Cross unit during the Turko-Bulgarian War of 1912-3, and on the outbreak of the

Great War he proceeded with the 10th Middlesex (Territorial Unit) to India, and after to Gallipoli in 1915, where he was commissioned.

He proceeded to England in 1916 to resume his studies at St. Bartholomew's Hospital, qualifying in February, 1917. He re-joined the Army (R.A.M.C.) and proceeded to the East African theatre of war. Remaining there he joined the Medical Service in Tanganyika, and in 1921 transferred to the Uganda service. He served in all four provinces, taking a great interest in the promotion of child welfare clinics.

He was promoted Senior Medical Officer in May, 1929. Since May, 1935, he had been attached to the Headquarters Office, Entebbe, acting as Assistant Director of Medical Services. He had the longest service in Uganda of any medical officer in the Protectorate Medical Service, being one of the first doctors at Mulago under Major Keane.

He was an enthusiastic cricketer and one of the best known and most popular figures in Uganda.

He leaves a widow and one son.

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## PRIMARY ACTINOMYCOSIS OF THE THORAX

### REPORT OF A CASE TERMINATING WITH PERICARDITIS

A BRICKLAYER, æt. 35, of Aylesbury, Bucks, was admitted to St. Bartholomew's Hospital under the care of Dr. Chandler on July 14th, 1936, complaining of shortness of breath, cough and loss of weight.

In March (four months prior to admission) he experienced pain in the lower part of the right side of his chest; this pain came on suddenly, was worse on deep breathing and remained severe for twenty-four hours: he had a less severe pain lasting for a further two weeks but only remained in bed for one week. He had no cough or sputum and, at the end of one month, felt sufficiently well to return to work: however, after one week the pain recurred at a somewhat higher level in the chest and he developed a little cough, bringing up a small quantity of mucopurulent sputum; he was, therefore, admitted to the Royal Bucks Hospital on April 6th. At this time his temperature varied from 99° to 102° F., and he had the physical signs of a pleural effusion at the right base. X-ray examination of the chest showed a general veiling on the right side with pleural thickening at the base, possibly with effusion. Exploratory needling was performed but no fluid obtained.



In the middle of May, *i.e.* two months after the first symptom, he developed a diffuse swelling below the right breast with redness of the overlying skin. The position of this swelling corresponded to the position of attachment of the diaphragm to the ribs anteriorly; it caused great pain and was very tender on palpation. No pus was obtained by aspiration of the swelling. At this stage of his disease he felt very weak and began to sweat at night.

On May 26th the inflammatory swelling was incised and half a pint of pus evacuated. *Bacillus coli* and *Streptococcus brevis* were seen in the pus, but no mycelium of the *Actinomyces bovis* could be found. Pyrexia was diminished but not abolished by this drainage operation.

Early in June his cough was very severe, keeping him awake at night, and productive of thick offensive purulent sputum which was blood-stained on one occasion. Microscopic investigation of this sputum revealed a streptothrix, repeated examinations having been performed previously for tubercle bacilli and none found.

At the beginning of July a painful fluctuating swelling appeared over the ribs posteriorly below the angle of the right scapula; this spontaneously diminished in size, and was only represented when admitted to St. Bartholomew's Hospital by a tender thickening of the soft tissues in this region.

Since July 3rd he had suffered from great breathlessness, which started suddenly and increased in severity, rendering him orthopnoeic.

On admission he felt weak and tired and his nights were much disturbed by drenching sweats: he had a poor appetite, and had lost 2 st. in weight since March. In addition to the pain in the chest-wall in the position of the two swellings previously described, he also complained of a continuous retrosternal ache.

There was nothing relevant in the previous or family histories.

On examination he was a very ill man with a cyanotic malar flush: he was breathless when sitting up and more so when lying down. The temperature varied from 97°-99° F., the respirations from 30 to 44, and the pulse from 100 to 110; the latter was of exceedingly poor volume and the blood-pressure 110/70. His teeth showed some caries, and there was moderate pyorrhoea but no swelling of the jaw. Slight clubbing of his fingers was observed. Examination of the chest showed a sinus in the right nipple line at the level of the fifth intercostal space, with red indurated skin surrounding it and extending 2 in. concentrically from it. Posteriorly below the angle of the right scapula there was tenderness and some thickening of the subcutaneous tissues but no definite swelling.

The physical signs in the lung fields were those of effusion at both bases, larger on the right. The apex-beat could not be palpated, and the area of cardiac dullness could not be accurately determined owing to the dullness at both bases: the heart-sounds were weak but otherwise normal.

Cardiac failure was evident by the presence of oedema of the lower part of the anterior abdominal wall, sacral region and both ankles; there was also free fluid in the peritoneal cavity. No enlargement of the liver was discovered and there was no tumour in the caecal region; the urine contained no albumen.

Examination of the sputum, which was thick, offensive and muco-purulent, showed several opaque yellowish bodies about 2 mm. in diameter; Gram films of these showed pleomorphic branching Gram-positive mycelium. Pus obtained from the sinus in the chest-wall showed similar mycelial threads as well as many diphtheroids. On July 19th the white blood-count was 12,400, of which 92% were polymorphonuclear cells.

X-ray of the chest on July 21st showed great enlargement of the cardiac shadow in its transverse diameter; the report on the right lung states that "there is an opacity in the middle and lower zones suggesting consolidation with pleural involvement; there is a small cavity to the right of the cardiac shadow showing a fluid level; in the upper zone there is some diffuse mottling". The left lung showed compensatory emphysema with basal pleural involvement.

A diagnosis was made of actinomycosis involving the right lung, pleura and chest-wall. Pericardial involvement was evident by the sudden onset of dyspnoea ten days before admission, the clinical evidence of cardiac failure, and the large transverse diameter of the heart shadow in the X-ray.

Treatment with pot. iod. by mouth was commenced on July 16th, beginning with gr. x six-hourly; each dose was increased by gr. v every twenty-four hours, so that on July 22nd he was taking gr. xl six-hourly; this dose was maintained until his death.

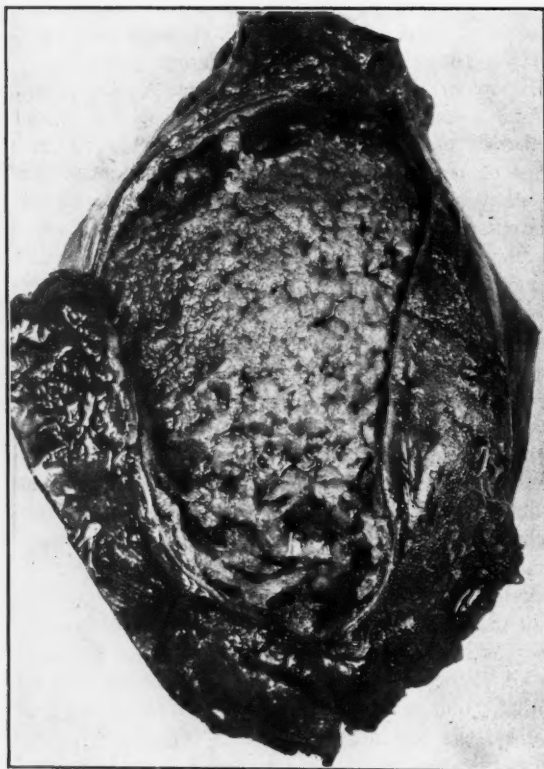
Deep X-ray treatment to the lung fields was given on three occasions commencing July 21st, but this was discontinued on July 24th as the patient was obviously going downhill.

The history of the patient following admission was that of progressive cardiac failure with increasing dyspnoea and anasarca, and he died on July 27th.

A post-mortem examination was performed and the salient findings were as follows:

The left pleural cavity contained a small, clear effusion; the left lung showed some collapse and oedema, but no evidence of actinomycosis. The right

pleural cavity contained an effusion, many adhesions and a small quantity of loculated pus. These collections of pus were continuous with further loculi in the posterior chest-wall; in some places the periosteum had been stripped up from the ribs and the bone involved. The actinomycotic process had spread posterior to the diaphragm into the tissues behind the right kidney, where further loculations of pus were



found. The right lung showed small areas of actinomycosis in the costophrenic border, but the rest of the lung was unaffected. The pericardium was the structure of greatest interest, for the pericardial cavity was filled with thick greenish-yellow pus, and both visceral and parietal layers of the serous pericardium were covered by very thick fibrinous exudate (see Fig.). Bacteriological examination of the pus showed that the infection was purely actinomycotic without secondary infection. There was a small right anterior intraperitoneal subphrenic abscess without involvement of the liver substance; it was quite clear that this was a recent complication and secondary to the thoracic disease and not *vice versa*. By anaerobic culture of the pericardial pus and of material obtained during life, Dr. Garrod

was able to grow the streptothrix and show it to be a typical *Actinomyces bovis* of the Israel-Wolff type.

### Discussion

A survey of the literature on *primary* actinomycosis of the thorax shows that this case presented the clinical picture usually found with this disease and followed the almost inevitable result; however, it is unusual in that he developed a purulent pericarditis caused by the *Actinomyces bovis*.

The mycelium of *Actinomyces bovis* has three recognized portals of entry into the human tissues: firstly, through an abrasion in the gum or through a tooth-socket into the lower jaw, there to produce the cervico-facial type of disease often designated "woody jaw"; secondly, it may find its way through the wall of the intestinal tract following ingestion, this invasion almost invariably occurring in the caecal region; and lastly, probably following inhalation of the fungus the primary thoracic type of the disease is produced: we only wish to consider the latter group.

The relative frequency of these three types is generally agreed to show that 65-70% of the cases are of the cervico-facial type, 20% primarily caecal and 10-15% primarily thoracic.

The thoracic disease is more common in males and in the fourth decade of life; the right lung is more frequently affected than the left, and the lower lobe than the upper lobe. The case reported is consistent with these findings. A history of a blow on the chest has been obtained in many cases.

Before it had been demonstrated that the streptothrix which invades the human tissues, the *Actinomyces bovis* of Israel and Wolff, was anaerobic, whereas that found on grasses and other vegetation, the *Actinomyces* of Bostroem, was aerobic, stress was laid on the greater frequency of the disease in workers on the land, and infection of these people was supposed to occur by sucking grass or by inhalation of chaff infected with the fungus; since the recognition of the two distinct types of actinomycosis, further investigation into the records has revealed no such preponderance in agricultural workers. It is now believed that the fungus is a common inhabitant of the mouth, and that the disease in the lung is initiated by the organism passing through the bronchial wall following inhalation; passage through the wall of the oesophagus has been suggested as an alternative method of invasion, but the disease is usually less marked in the region of the mediastinum than in the periphery of the lung fields, and lesions in the oesophagus are almost invariably absent.

The symptoms correspond closely with the pathological stage of the disease. When there is only peri-bronchial infiltration, the symptoms are those of bronchitis; when the organism begins to involve the lung parenchyma, the patient suffers from symptoms resembling septic bronchopneumonia with high intermittent fever, sweating, lassitude, cough; pleuritic pain arises when the process reaches the pleura. During the bronchial and broncho-pulmonary stages, tenacious muco-purulent sputum often blood-stained and frequently containing fragments of the ray fungus is coughed up; the amount and character of the sputum, however, varies with the degree of secondary infection. Frank hæmoptysis is rare, as also is clubbing of the fingers.

It would appear that in the case reported the actinomycotic process commenced in the costo-phrenic border of the lung, so that pleuritic pain was an early manifestation, and symptoms of bronchial and broncho-pulmonary disease were very unobtrusive: in spite of this, granules of the streptothrix were found in the sputum.

The pleuritic stage is usually followed by a continuous severe pain due to involvement of the chest-wall, the streptothrix ultimately reaching the subcutaneous tissues, there to form a swelling resembling a subacute abscess but characterized by a surrounding "ligneous" induration. This perforation of the chest-wall commonly occurs at the position of attachment of the diaphragm, either posteriorly below the angle of the scapula or anteriorly below the breast; it will be observed that both sites were affected in the case described. The skin over the abscess assumes a dull red violaceous hue and soon breaks down, resulting in multiple sinuses (if incision is not performed); from these sinuses pus containing the characteristic "sulphur" granules is discharged. X-ray at this stage may show evidence of periostitis of the ribs in the region involved, but is otherwise not of much diagnostic value.

Progressive weakness, loss of weight and anorexia ensue; amyloid disease often supervenes. Dyspnoea usually appears later, and is stated to be due to diminution in the amount of lung tissue capable of gaseous exchange, and is more marked when there is gross pulmonary fibrosis. In the case reported the onset of dyspnoea was sudden, and was almost certainly due to cardiac tamponade following invasion of the pericardium.

Blood examination has revealed a high white-cell count in most cases, an average figure being 20,000, of which 85% are polymorphonuclear cells; the hæmoglobin is reduced to about 65-70%.

A certain diagnosis can only be made by finding the

fungus in the sputum or discharge from a sinus in the chest-wall, but the condition should always be suspected in cases of chronic pulmonary disease, where the sputum is repeatedly negative for tubercle bacilli, and especially when there is evidence of infection of the chest-wall. In these cases careful search must be made for the characteristic streptothrix.

Many cases are primarily diagnosed as pulmonary tuberculosis and treated as such, but this should not occur, as the sputum is bacilli-free. After perforation of the chest-wall a diagnosis of intrathoracic neoplasm eroding the parietes has sometimes been made, but at this stage the streptothrix can nearly always be found if the disease is held in mind and search made.

### Pathology

The stages of the disease depend on the tissues involved as has already been described, *i. e.* bronchial, broncho-pulmonary, pleural and that of invasion of the chest-wall. Like the granulomata of syphilis, two processes go hand in hand—new formation due to connective-tissue proliferation, and tissue destruction with abscess formation; either process may be in the ascendancy, the slower the progress of the disease the greater the tendency to connective-tissue proliferation. The streptothrix has no respect for any type of tissue, spread occurring by direct continuity; spread, however, appears to be somewhat more rapid in the connective-tissue planes, *e. g.* the extra-pleural fascia. It shows no tendency to spread by the lymphatics.

The streptothrix is Gram-positive and shows true branching; it is strictly anaerobic, which distinguishes it from any morphologically similar saprophytic streptothrices which are aerobic. This anaerobic characteristic is important as other streptothrix infections of the lung have been described in which aerobic cultures are obtainable and the prognosis is much more favourable.

### Prognosis

It is generally agreed that the ultimate prognosis is invariably fatal. L. P. Good states that the average duration of life is eight months.

### Treatment

From what has been said concerning the prognosis, it is obvious that no form of treatment so far carried out has had any lasting effect. However, iodides appear to be able to produce some amelioration, and should be given in the largest dose consistent with tolerance: Pot. iod. gr. v four-hourly should be instituted, and each

dose increased by gr. v every twenty-four hours until gr. ccc are taken per day. Intravenous sodium iodide is said to hold no advantage over pot. iod. by mouth. Miller and Merkel report a case in which marked improvement followed a bronchogram using lipiodol. Tinct. iodi has also been tried locally to sinuses when present.

Deep X-ray therapy gives excellent results in the cervico-facial type of the disease, but offers little hope for the patient affected with the thoracic type; it is, however, worth trying. It is not known precisely how X-rays affect the disease, for they have no effect on the streptothrix growing *in vitro*.

Results of vaccine therapy have been variable, but it is worthy of a trial.

When the chest-wall has been perforated, various drugs which bring oxygen into contact with the affected tissues have been used to irrigate the sinuses in an attempt to disturb the anaerobic conditions preferred by the organism; such drugs include hydrogen peroxide, chlorophyll and ethereal methylene blue.

In view of the invariably fatal prognosis, it would seem that major surgery would be justifiable if it could offer any hope of permanent cure. Theoretically, if the disease was diagnosed prior to pleural involvement, lobectomy or even pneumonectomy might give such a cure. Further, if the case reported is considered, it would seem that, if actinomycosis had been diagnosed before the onset of the pericarditis (which occurred late), a major excision of the chest-wall together with the affected peripheral part of the lobe might have eradicated the disease. A rather similar case has been reported by Wangenstein in which cure by repeated excisions is claimed, although it seems to us that such a claim was premature in view of a small recurrence having been excised just prior to reporting the case.

In conclusion, this case has been reported owing to the rarity of the complication of pericarditis, which we felt should be put on record. In addition, it is hoped that some cases may be diagnosed in an earlier stage, and given the chance of recovery by the aid of major surgery.

We wish to thank Dr. Chandler for allowing us to publish the case, and Dr. Garrod for his helpful advice and for those bacteriological investigations carried out after admission to St. Bartholomew's Hospital. We are also indebted to the Royal Bucks Hospital and to Dr. Burra for the details given prior to the patient's admission, and to Dr. Robb-Smith who carried out the post-mortem examination.

O. S. TUBBS.

J. W. A. TURNER.

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#### "WHAT I ALWAYS SAY IS"\*

46.

The appendix is God's gift to the poor surgeon.

47.

There are two pains that wake people up in the middle of the night—acute appendicitis and gout.

48.

If you can say confidently, "If only the pain were in the right place I'd say it was appendicitis", then 'tis appendicitis.

49.

When someone comes to you complaining of symptoms of appendicitis and says he has had an operation already, you'll probably find that you have to remove his appendix.

50.

If a man says he has a pain in his abdomen, nobody on earth can say that he hasn't.

51.

You read about anterior gastro-enterostomy and posterior gastro-enterostomy. Well, in time they're both going to be inferior gastro-enterostomy.

\* Mr. R. Cozens Bailey's Aphorisms, continued from *St. Bartholomew's Hospital Journal*, vol. xlv, p. 165, 1937.



52.

Cholecystostomy :

When the bladder's opened  
 Bile begins to flow ;  
 When it's going to stop again  
 Doctor doesn't know.

53.

There are three essentials for a hernia—something to come down, somewhere for it to come to, and something to push it there.

54.

The testicle is in the inguinal canal in the eighth month. Then the gubernaculum spits on its hands and starts hauling it down into the scrotum.

55.

Some boys keep their testicles in the inguinal canal for choice—but you can usually hunt them down into the scrotum.

56.

Innocent new growths of the testis occur only in museums.

57.

Some enthusiasts for colostomy say that Nature should have put the anus in the groin to start with.

58.

If you're going to advise a patient to have a colostomy you've got to know all about it, 'cos he'll want to.

59.

Feeling for a floating kidney is like trying to catch a piece of soap in the bath.

60.

If you find that a woman has a movable kidney, don't tell her about it. As long as she doesn't know, it's all right. Once she finds out she'll suffer the torments of the damned.

## FOUR UNUSUAL CASES

THE following is an account of four cases which presented rather unusual features. While undergoing treatment for one condition, they developed symptoms which could be interpreted as a complication of it, but were in fact due to a second disease. They are the more remarkable because they were all admitted within a few days of one another.

**Case 1.**—A patient, æt. 22, was admitted with an encysted hydrocele of the spermatic cord on the right side and in due course excision of the cyst was performed.

Three days after operation he complained of generalized abdominal pain, and his temperature rose to 100.6° and pulse to 90. At that time he had a great deal of tenderness in the region of his wound and a hæmatoma was suspected. On the fifth day his temperature rose to 103° and pulse to 120 and he had anorexia and vomited once. On examination he had localized tenderness in the right iliac fossa, his wound looked healthy and he was tender in the rectum on the right side. Operation for appendicectomy was performed and a gangrenous appendix removed. On further questioning he admitted to previous attacks of right-sided pain which he had attributed to his hydrocele.

**Case 2.**—A male, æt. 71, was admitted with signs and symptoms of intestinal obstruction, and at operation relief of a strangulated right inguinal hernia was achieved without resection of intestine.

Following operation it was found that he was only passing small quantities of urine as compared with a large fluid intake by mouth and rectum. On the fourth day he had thirteen frequencies, passed 21 oz. of urine as compared with an intake of 101 oz. and his blood urea was found to be 101 mgrm.%. He complained of no discomfort. It was at first thought that this was a post-operative anuria, but examination revealed a greatly distended bladder due to an enlarged prostate. Catheter drainage lowered his blood urea to 54 mgrm.% in three days, and later a transurethral prostatectomy was performed without further complications.

**Case 3.**—A female, æt. 18, was admitted with exophthalmic goitre of moderately severe degree. One lobe of her thyroid only could be removed at the first operation.

One year previously she had had an appendix abscess drained and abdominal scars bore testimony to this.

On the eighth day following operation she was prepared for the second stage of her partial thyroidectomy, but during the night she had a sudden onset of

continuous abdominal pain, umbilical in position, which continued until the following afternoon. During the morning she retched, and several times vomited small quantities of clear fluid. A turpentine enema gave a clear result with a little flatus.

In view of the unremitting pain, the abdominal past history and the enema result, operation was performed for intestinal obstruction and this it proved to be. Part of the lower ileum had twisted round a band of adhesions attached to an old tuberculous mesenteric gland. The gut was merely congested, and following division of the adhesion she made a good recovery and was able later to have the second stage of the partial thyroidectomy.

**Case 4.**—This was a man, æt. 58, who was admitted with a pedunculated melanotic sarcoma of the left buttock with metastases in the inguinal and external iliac lymphatic glands. An operation for removal of the growth was performed, and three days later the patient had a small hæmoptysis. It was thought at the time to be due to pulmonary metastases, but examination of the sputum showed tubercle bacilli in large numbers, and X-rays of the chest showed no evidence of metastases, but typical appearances of chronic fibroid phthisis.

As a general rule the appearance of fresh physical signs in a patient can be interpreted in terms of the disease from which he is suffering. It is, however, fitting to remember that patients do sometimes suffer from two separate conditions which may be active at the same time.

The fact that these four patients, who illustrated the truth of this observation, were all admitted within a short period of time provided the stimulus to write this article.

I am indebted to Prof. Paterson Ross for his permission to quote these cases and for many helpful suggestions.

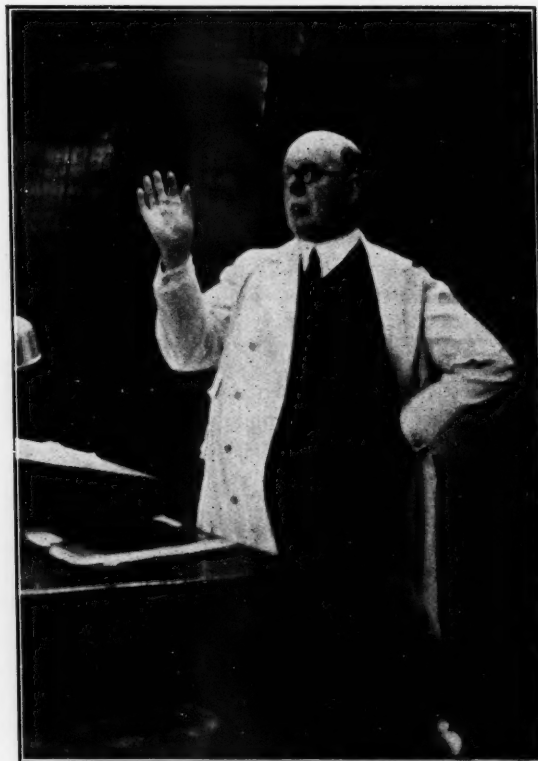
TREVOR BAYNES.

#### DIRGE.

The Conjoint Board are harsh men  
Who passed me with a frown ;  
The Gentlemen of London—  
They smiled and sent me down.

I've come to love the gruff voice,  
The glower, the temper quick ;  
A gentle face now chills me,  
And of kindness I'm sick.

## OUR CANDID CAMERA



Standing (left to right).

MR. GIRLING BALL.

## SQUASH COURTS APPEAL

By the time you read this  
**the Squash Courts** will have been opened.

**But** they are still hundreds of pounds in debt.

Go and see them. Judge for yourself what an  
asset they are to the Students' Union.

Play on them.

**Help us to pay for them by sending  
your cheque to the Secretary,  
Students' Union,  
St. Bartholomew's Hospital.**

## THE MEDICAL SERVICE OF TONGA

THE Kingdom of Tonga consists of a group of coral and volcanic islands lying roughly 1,100 miles North of New Zealand and 400 miles East of Fiji. It is the last independent kingdom in the South Seas under British protection, and it boasts a population of 30,000, mainly Polynesians.

The constitution is modelled on that of Great Britain, there being a Sovereign, Premier, Privy Council and Cabinet, including two European ministers (all of whom are permanent) and a Parliament representative of the nobles and people which sits once a year. All legislation enacted by the Government is subject to the approval of the British Consul, who has control of all expenditure of public monies and the appointment of European officials.

The head of the Medical Department is the Premier as Minister of Health. The staff consists of the Chief Medical Officer, two district Medical Officers, a part-time Dentist, and a Sister-in-charge of the Hospital, all of whom are European; six Tongan medical practitioners who have had four years' training at the Central Medical School, Fiji, three dispensers, three dressers, five students, three cooks, a dental assistant and three nurses (shortly to be increased to five), all of whom are Tongans.

The Chief Medical Officer administers the whole of the medical service. In addition he is Medical Officer of Health for Tongatabu (the main island), Port Health Officer, Officer in Charge of the Hospital, Medical Officer to Government Officials and Non-Tongans, Medical Storekeeper, and to a large extent his own clerk. At the same time he is expected to do the bulk of the treatment of the Tongans whether as out-patients or in their own homes. As Storekeeper he has to order all drugs and equipment, unpack them on arrival and pack all orders requisitioned by the district hospitals and dispensaries, mainly with his own hands. He has to provide and maintain his own car, for which he receives an inadequate allowance.

The district medical officers administer their own districts and small hospitals in Haapai and Vavau. They have to provide and maintain their own cars.

The sister-in-charge is responsible for the hospital, Nukualofa, the training of the Tongan nurses and the ante-natal and infant welfare clinics at the hospital.

The main hospital of the Kingdom is at Nukualofa, the capital, and consists of a collection of buildings mainly in permanent material. It was designed by a previous Chief Medical Officer without an architect's

assistance and is most inconveniently arranged, the buildings being scattered, *e.g.* the out-patients' department and dispensary are some 300 yards from the main building. There is accommodation for thirteen general cases and four maternity cases, a modern operating theatre (the original design entailed everyone walking through the theatre to get to the sterilizing room and storeroom, but this has been rectified), a labour theatre, a pathological laboratory with portable X-ray plant (all three innovations since 1933), and a small European ward containing two single-bedded rooms.

In Haapai and Vavau there are smaller hospitals consisting of a wooden building comprising dispensary,



operating theatre, and two wards each containing four beds. From time to time extensions in the form of Tongan huts are erected in the grounds.

Each district hospital is equipped for dealing with the common emergencies of surgery and each now has a high-pressure sterilizer.

The patients bring their own bedding in the form of mats and tapa cloth, and all their food is prepared by relatives, who camp in the grounds of the hospital. Two relatives sleep in the ward with the patient, and more would do so if strict control were not kept. One or more relatives attend to watch an operation and the husband usually attends to watch his wife's confinement.

In outlying districts there are dispensaries which are suitable only for the treatment of minor disorders and minor operations, and are in charge of either a Tongan medical practitioner, dispenser or dresser.

The Tongan medical practitioners should be capable of dealing with all ordinary cases of sickness and of doing simple operations such as hydrocele. One of the present ones is almost the equal of a European medical officer, and is a most efficient surgeon as well as being able to do blood grouping and blood transfusions, but he is exceptionally brilliant.

The dispensers, dressers and students are capable of dealing with minor ailments, opening abscesses and suturing cuts, performing circumcisions, and do the routine dispensing of medicines.

The nurses work under the Sister-in-charge, and become quite proficient at ordinary nursing duties and the delivery of normal confinement cases. All the Tongan members of the staff, however, quickly deteriorate if they are left for any length of time without the influence of a European medical officer or sister.

The public health of the Kingdom is administered by a Principal Board of Health and two District Boards. Each Board consists of the medical officer of the district, not necessarily as chairman, and a mixed Board of Europeans and Tongans.

Recommendations are made through the Principal Board to the Government but are seldom carried into effect. In fact the work of the Boards is practically a waste of time. One dispenser is also a sanitary inspector, and periodically makes tours of inspection in Tongatabu of water tanks, latrines, etc., and serves notices when necessary. The medical officers have to inspect all meat exposed for sale in the three main centres.

All water for drinking and nearly all for washing is obtained by the collection of rain-water in cement tanks, the catchments of which are hopelessly inadequate. The majority of tanks have no pump or tap, and water is obtained by dipping a dirty bucket into the tank. In spite of strong recommendations by the Principal Board of Health very few steps are taken to improve the water supply.

The latrines are of the bore-hole variety, with concrete slab and riser and wooden seat. They are fairly satisfactory when there is sufficient depth before water is encountered, but are an excellent breeding-ground for cockroaches. Many of the European houses have septic tanks.

The main diseases found among the Tongans are :

1. Tuberculosis (lungs, glands and skin), which easily heads the list of causes of death.

2. Typhoid fever, which is endemic and atypical, a rash rarely being encountered and no enlargement of spleen. Facilities for doing Widal reactions have only recently been made available, but the impression gained is that the disease is a true typhoid and not paratyphoid. The mortality is low, except when the relatives insist on pandering to the patient's requests for food and give them large meals of yam, etc.

3. Filariasis, which includes filarial fever, lymphangitis, elephantiasis and a peculiar form of myositis, which simulates an abscess but contains only blood and usually resolves under treatment.

4. Yaws. This is very prevalent, but the Tongans

have been educated up to the beneficial effect of N.A.B. and B.S.T. injections. However, they commonly do not bring cases for treatment until the secondary rash is well established, their reason being that they think that a certain amount of natural immunity is obtained by waiting.

5. Ankylostomiasis, which is not a serious problem.

6. Conjunctivitis and trachoma with its complications.

7. Skin diseases, *e. g.* scabies, impetigo, tinea, vitiligo, pediculosis capitis and boils.

8. Tetanus is comparatively common but, although clinically severe, must be of a mild type, as in most cases it responds to intrathecal or intravenous and intramuscular injections of anti-tetanic serum in doses of not more than 50,000 units per case.

9. Leprosy is not common. In three years I saw twelve cases, all of which were sent to Makogai, the leper station in Fiji.

10. Gonorrhœa, which is mild and remarkably free from complications. Syphilis is unknown, unless a case is imported.

The commonest operations are for hydrocele, hernia, elephantiasis, osteomyelitis and ovarian cysts.

The Tongans do not like operations, and are particularly frightened of general anæsthetics. Most operations are done under local or spinal anæsthesia with occasional evipan, to which they do not object.

The bulk of the midwifery is done by the Tongan midwife in their own homes, and only the abnormalities reach hospital after several days in labour.

The Tongans much prefer their own native medicines, which consist of the application of chewed leaves externally and infusion of leaves internally. Certain diseases are treated only by certain families, and there are in some places "specialists on specialists". Attempts to discourage Tongan treatment are blocked by the Government.

The climate on the whole is good, the temperature rarely rising to more than 90° F. in summer and dropping to as low as 50° F. in winter (at night). The four months January-April are trying, the humidity being as high as 100% frequently. The winter months are much drier with warm days and cool nights. The rainfall is fairly evenly spaced but is greater in the summer months, and the period from October to December is usually dry. The annual rainfall is about 85 in.

Mosquitoes are very prevalent, and consist of day-biting as well as night-biting varieties. Attempts to stamp them out are very difficult as they breed in any moisture, *e. g.* that left in the angle between the branches and trunks of trees.

Centipedes and scorpions are common but the bites are not serious, and there are certain poisonous fishes



whose sting is troublesome. There are no snakes except a harmless water snake. Sharks are present but shark bite is practically unknown.

There is no electric light except in a few private houses.

Fresh meat is obtainable twice a week in Nukualofa; vegetables and fruit are plentiful in Tongatabu; ice is obtainable in Nukualofa, but many people have their own refrigerators worked by Crossley "Icyballs", which are reasonably efficient.

Prohibition is enforced as regards the natives except on medical grounds.

There is no private practice, all Tongans being treated free, and fees from Europeans being taken by the Government.

Social amenities are few. There is an 8-hole golf course and a mixed tennis club. Bathing facilities are poor unless one goes to one of the islands in the lagoon.

The chief drawback to service under the Government of Tonga is the fact that it is a native administration.

The natives are apathetic and the Government is non-progressive. For instance the hospital, which was built in 1924, appeared on my arrival to be seldom used for in-patients, was most deficient in necessary equipment and was in a filthy condition.

A visit to the South Seas is certainly a great experience, but it explodes the myth, so encouraged by novelists and writers of film scenarios, that the islands there are little heavens on earth or rather sea.

L. J. F. B.

## CLIMBING IN THE PENNINE ALPS

THE main backbone of the Pennine Alps forms the frontier between Italy and Switzerland. The vertebra prominens is the Matterhorn. On the south side the mountains drop quickly to warm brown foothills; on the north they throw out long ridges towards the Rhone Valley, between which deep secondary valleys are enclosed. Zermatt, probably the most famous climbing centre in the world, is at the head of one of these valleys.

When we went to Zermatt in July last year we were a party of two, and climbing without guides. At the time of our arrival the weather was very bad and the big peaks unclimbable, so we decided to cross into the Val d'Herens, a parallel valley, by a high snow pass over the intervening ridge. We walked up to a hut at the foot of this, through rain as methodically thorough as everything else made in Switzerland, and slept the night there. Next morning we stumbled out into the mist at 4 a.m., and after some difficulty we managed

to set a compass course across a bleak expanse of glacier. The mist cleared later, and we reached the top of the pass, the Col d'Herens, with ease, and in bright sun. In Val d'Herens we had various minor adventures. We climbed two mountains, the Douves Blanches and Mont Blanc de Cheillon—splendid days snatched in the intervals of storm. We were snowed up in a hut for thirty-six hours. We met an eminent Bart.'s surgeon. We were mistaken by a hotel-keeper for a couple of Austrian guides. Finally, as the weather was too bad



ZINAL ROTHORN: THE ROUTE FROM ZERMATT.

to recross Col d'Herens we walked for a whole day down Val d'Herens, through rain-soaked cherry orchards, and returned to Zermatt by a circuitous route of a hundred miles.

After this the weather cleared. We left Zermatt the morning after our return at 1.30 a.m. by lantern-light and climbed the Rimpischorn. This was a cold, windy climb up steepening slopes of snow for several hours, and then along a narrow rocky ridge to the summit, with flurries of snow whirling up from the depths on either side. From the top we looked away to an infinite blue haze in the south, where the mountains dropped into the plains of Lombardy. We returned to Zermatt eighteen hours after leaving it; across the valley the red crags of the Zinal Rothorn were catching the last of the sun. They were irresistible. We snatched three hours of sleep, and by 2 a.m. were clambering out of Zermatt again by moonlight. We reached the edge of the Rothorn glacier as the sun swept up over the eastern rim of hills, and climbed on up steep snow, using

ice-claws, till about 10 o'clock. We were now about 600 metres below the summit, but a "Föhn" wind had been blowing up all the morning—a warm wind that brings mist and snow and risk of avalanches. We could tell it by the metallic blue-green colour of the sky and the long grey "Zeppelin" clouds. So we returned to the valley, out of which thick white mist was already seething.

We rested the next day and at 10 p.m. set off for the Matterhorn. The reputation of this mountain has been through many phases. At one time it was thought unclimbable by experienced mountaineers; guides would not touch it because of the evil spirits that haunted it. Now in good weather it is considered fairly easy when climbed by the Swiss route. Snow and ice, however, alter the condition, and on the day on which we left for it, a guide and an Englishman had been killed on it. We left the lights of Zermatt, and walked up through a cold still night to the foot of the north-east ridge. We had some coffee at the hut from which the ascent is usually made, and put on the rope at 2.30 a.m. The route was up steep unbroken rocks for four hours as far as a snow slope 800 metres higher up. Here we felt almost self-conscious, for this is the point on which all the telescopes of Zermatt are focused. After this the climbing became more difficult. A perpendicular wall of rock was climbed by a fixed rope; and on the final ice-coated slope steps had to be cut with an ice-axe. We reached the top at 8 a.m. Our view extended for more than a hundred miles. The descent was long and wearisome; snow had melted to leave bare ice, and we had to go extremely carefully. We reached Zermatt twenty-three hours after leaving it.

Two days later, by way of a rest, we climbed the Breithorn, which involved six hours of walking from Zermatt with nothing more difficult than steep snow slopes; we basked in the sun on top, with a ground temperature cold enough to freeze our boots. All Switzerland was covered with a sea of cloud, from which the mountain tops emerged like Arctic islands. The next day was our last, and we both had secretly decided to try the Rothorn again. By 7 o'clock next morning we had reached the point attained on our previous attempt. From here we had to move along a knife-edge ridge of snow; on one side the ridge dropped in a sheer cliff; on the other a clean-swept curve of snow fell away at a high angle. We traversed the ridge carefully, wearing ice-claws. Later we came to rock; at one place we had to cross some steep slabs, which curved away beneath at an ever-increasing angle, so that all one saw on looking down was the valley floor 1400 metres below.

This time we reached the summit in perfect weather, and it made a splendid climax to the holiday.

J. C. R.

## COLLEGE APPEAL FUND

### SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff . . . . .	13,589	7	4	(82)
Demonstrators, etc. . . . .	1,810	0	0	(72)
Students . . . . .	1,341	10	11	(330)
Old Bart.'s men :				†
‡Bedfordshire . . . . .	50	18	6	(10)
‡Berkshire . . . . .	126	6	0	(17)
‡Buckinghamshire . . . . .	91	13	0	(19)
‡Cambridgeshire . . . . .	194	6	0	(18)
‡Cheshire . . . . .	6	16	6	(3)
‡Cornwall . . . . .	22	12	0	(8)
‡Cumberland . . . . .	5	0	0	(1)
‡Derbyshire . . . . .	19	14	0	(4)
‡Devonshire . . . . .	575	1	0	(54)
‡Dorset . . . . .	77	11	6	(14)
‡Durham . . . . .	17	7	0	(4)
‡Essex . . . . .	267	3	6	(23)
‡Gloucestershire . . . . .	258	6	6	(29)
‡Hampshire . . . . .	1,524	4	6	(61)
‡Herefordshire . . . . .	17	12	0	(4)
‡Hertfordshire . . . . .	110	16	0	(22)
‡Huntingdonshire . . . . .	5	5	0	(1)
‡Isle of Wight . . . . .	191	13	0	(13)
‡Kent . . . . .	594	6	0	(72)
‡Lancashire . . . . .	129	16	6	(17)
‡Leicestershire . . . . .	142	0	0	(8)
‡Lincolnshire . . . . .	65	8	0	(17)
‡Middlesex . . . . .	497	14	0	(34)
‡Norfolk . . . . .	178	0	6	(21)
‡Northamptonshire . . . . .	59	14	6	(6)
‡Northumberland . . . . .	101	1	0	(2)
‡Nottinghamshire . . . . .	24	3	0	(5)
‡Oxfordshire . . . . .	256	15	0	(22)
‡Rutland . . . . .	1	1	0	(1)
‡Shropshire . . . . .	38	1	0	(10)
‡Somersetshire . . . . .	2,837	6	4	(28)
‡Staffordshire . . . . .	194	18	0	(6)
‡Suffolk . . . . .	342	11	6	(26)
‡Surrey . . . . .	530	4	6	(62)
‡Sussex . . . . .	857	9	6	(63)
‡Warwickshire . . . . .	215	19	0	(24)
‡Westmorland . . . . .	2	10	0	(1)
‡Wiltshire . . . . .	1,011	12	0	(13)
‡Worcestershire . . . . .	161	1	6	(25)
‡Yorkshire . . . . .	355	8	6	(30)
Wales . . . . .	69	12	0	(20)
London . . . . .	6,948	9	2	(247)
Channel Islands . . . . .	20	0	0	(2)
Scotland . . . . .	14	4	0	(4)
Abroad . . . . .	119	1	0	(13)
South Africa . . . . .	390	15	6	(21)
Canada . . . . .	114	3	6	(8)
East Africa . . . . .	87	12	0	(10)
West Africa . . . . .	146	10	0	(5)
India . . . . .	216	17	0	(14)
Ireland . . . . .	30	4	0	(5)
North Africa . . . . .	1	0	0	(1)
North Borneo . . . . .	10	10	0	(1)
Australia . . . . .	230	10	0	(9)
China . . . . .	52	8	4	(9)
Siam . . . . .	10	0	0	(1)
France . . . . .	50	0	0	(1)
British West Indies . . . . .	65	8	0	(7)
Straits Settlements . . . . .	7	1	0	(3)
New Zealand . . . . .	6	1	0	(3)
Services . . . . .	654	14	6	(49)
Others . . . . .	73,032	16	10	(595)
Lord Mayor's Appeal . . . . .	17,990	16	0	
Funds of College . . . . .	8,000	0	0	
Value of Building . . . . .	20,000	0	0	
Loan . . . . .	20,000	0	0	
Stock Sold . . . . .	4,061	0	0	
	<b>£181,229</b>	<b>19</b>	<b>5</b>	

\* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

## STUDENTS' UNION

**COUNCIL** The question of the Rugby Club grandstand at Chislehurst has been practically settled. It has been found possible to erect a suitable stand, seating 150 people and capable of further extension, for about £550. It was determined to borrow £600 from the English Rugby Union at 2½%, repayable within 15 years, and this loan was guaranteed in £50 lots by certain members of the Staff.

It is hoped to repay the money by means of dropping the annual Rugby tour, thus saving £40-50 per annum, of running extra dances at the Manchester Hotel, and of circularizing old Bart's Rugby players. By these methods it was felt the money could comfortably be paid back in the time.

\* \* \*

It was decided not to take special numbers of the periodicals in the Abernethian Room unless specially ordered by the Council. The attention of the Council was drawn to the number of magazines both temporarily removed and permanently stolen from the Abernethian Room, on one morning no less than nine papers being gone, only three of which were subsequently returned. One of the missing magazines, *Time*, was subsequently discovered in a corner of the cloakroom, where it was rescued minus its cover by a porter. The Council decided to post a notice forbidding the removal of papers,

and recommending that anyone seen taking them should be at once reported to the Council.

\* \* \*

£230 are still needed for the Squash Courts Appeal Fund, and an effort is being made to raise this outstanding sum. The Courts themselves are to be opened by Mr. Slazenger on Wednesday, June 30th.

It has been found necessary, in view of the present debt, to charge 1s. per three-quarters of an hour for play, to be paid at the time of booking, until the sum is paid off.

\* \* \*

Mr. G. A. Richards proposed that an attempt be made to recondition and use the billiard table originally presented by the Governor to the Resident Staff, and since languishing these many years in the dungeons of the Hospital. £20-25 would be needed to repair the table, and although Mr. Richards had approached the Resident Staff their attitude was, he said, disappointing.

It had been agreed, however, that if the Students' Union would repair the table and provide for its upkeep, it might be thrown open for general use providing the Resident Staff had priority from 8-12 p.m. Failing compliance with these terms they preferred the table to remain disused. Mr. George Gray was eventually asked to approach Mr. Hayes upon the subject.

## SPORTS NEWS

**CRICKET** **Apology:** The Cricket Club deplores the omission of the name of B. Rait-Smith, Esq., from the list of Vice-Presidents on this year's fixture-card, and sincerely apologizes to him for this mistake.

\* \* \*

The toss was won by **Romany**, and they decided to bat on a wet wicket which was rapidly drying under a hot sun. Their opening batsmen started shakily, but Longton, with his score at 8, mistimed a short ball from James, giving mid-on an easy catch which was dropped. This, coupled with the fact that Mundy arrived too late to benefit from the new ball, gave the Hospital a disappointing start. The batsmen soon settled down to a high rate of scoring, especially Longton, who exhibited a wide range of strokes.

The first wicket fell at 80, Moffat playing a well-pitched off-spinner from James on to his wicket, having made 39. The next man was soon out, well taken by Maidlow in the deep, off Evans. After lunch, however, Longton and Waster settled down to aggressive cricket, scoring mostly by off drives and hooks, until Elder, in his first over, got rid of the latter, James making a good catch at deep mid-wicket. At the fall of the next wicket, the score having reached 269 for 4, Romany declared, Longton being 141 not out after an innings only marred by one chance.

James and Brown opened the innings for Bart's on a dried wicket, and both started confidently, especially James, who made some very stylish strokes; he was unlucky in cocking a short ball to mid-off when he was only 7. Brown and Heyland soon followed him to the pavilion, but North meanwhile had wasted no time in settling down, and was playing in his usual care-free, aggressive style. He and Maidlow made an excellent stand, which realized about 70 runs, until North was out when only 7 short of his 50.

The next five wickets fell very cheaply, but Maidlow and Napier put up a good last wicket stand of 25. Maidlow was last out for a valuable 64, which was characterized by some bright hitting, marred, however, by increasing carelessness and a tendency to hit across the ball.

Scores: Romany, 269 for 4 wickets declared (Elder 2 for 35); Bart's, 135.

\* \* \*

The match against **Leavesden Mental Hospital** is always an enjoyable one; this year, to the strains of a tuneless brass band and the cat-calls of cretins, Bart's were beaten by five wickets.

Scores: Bart's, 78 (R. Mundy, 38 not out—no one else in double figures!); Leavesden Mental Hospital, 145 (Mundy, 3 for 78; R. N. Grant, 2 for 36; E. O. Evans, 2 for 5).

On Sunday, May 30th, at their beautiful little ground at Wimbledon, **St. Georges'** slew the dragon.

This was the first round **Cup-tie**; let the score-board tell its sorry tale of woe.

Bart's, having won the toss, batted first.

Scores: Bart's:

C. T. A. James, b Quayle	31	E. O. Evans, c Messent, b Davis	7
D. J. A. Brown, c Vere-Hodge, b Davis	0	J. Craig-Cochrane, b Davis	0
J. North, lbw, b Swayne	0	J. J. Slowe, b Davis	2
R. N. Grant, run out	32	B. G. Grettton-Watson, not out	2
R. Mundy, c Lancaster, b Quayle	7	Extras	16
R. Heyland, b Quayle	19		
W. M. Maidlow, c Messent, b Quayle	33	Total	149

St. Georges', 153 for 7 wickets.

Bowling:

	Overs.	Maidens.	Runs.	Wickets.
Mundy	12	1	43	1
Grant	21	5	57	1
Craig-Cochrane	13	3	38	3
Evans	2	0	4	0
James	3	0	23	1
Grettton-Watson	3.4	0	35	1

\* \* \*

A pleasant game was played at **Horlick's** on Wednesday, June 2nd. Bart's batted first on a pitch that gave every assistance to the bowlers, particularly V. Lund, a Bucks county player. Bart's were skittled out for 80 runs, Heyland, Rutherford and Napier alone offering any resistance. Heyland was fifth out, having made 39 out of 42.

When Horlick's went in, Bart's all but turned the tables on them; at one time 8 of their wickets were down for 67 runs. However, they just managed to top our score.

Scores: Bart's, 80 (Heyland 39, Rutherford 19, Napier 8); Horlick's, 91 (Grant, 4 for 41; Evans, 4 for 24; Elder, 2 for 1).

\* \* \*

On Saturday, June 5th, at Winchmore Hill the annual **Past v. Present** match ended in a very even draw. A blazing sun beat down all day upon a pitch which even to the very last always favoured the batsmen.

The Present batted first and were given a great send-off by Heyland and James, who put up 50 for the first wicket. After the latter

had stepped in front of a straight one, Heyland, who was right back into form, proceeded to play an innings which was characterized by some very fine driving. With North and Grant both notching a few, the score at lunch was the very satisfactory one of 115 for 2—Heyland 69 not out. After lunch, first Heyland and then Grant gave encouragement to the bowlers by being out lbw, as had been their two predecessors (132 for 4). Maidlow and Brown stemmed the minor collapse, and then the former hit up a quick 59, the majority of which came from his characteristic "pull-drive" shot. Mundy carried on the good work. He achieved his ambition of hitting a straight six, and incidentally scored 56. The Present declared at the total of 273 for 6, leaving the Past five minutes longer to get the runs than they themselves had required.

The Past opened badly, Gilbert being out in the first over. Boney and Nunn then withstood the onslaught of Mundy and Grant, but scored at a pace which gave the Past a slender chance of victory. This was due in no small measure to some very accurate bowling by the Hospital change bowlers, Rutherford and James. James produced two good balls to defeat Nunn and Capper, and the Past were in the none too happy position of 73 for 3. However, soon after this the Hospital lost grip, and with Gabb and Boney taking toll of some loose bowling, it was obvious that the only possible result was a draw. Boney, who was especially severe on anything short of a length, reached a somewhat fortuitous century. He gave two chances behind the wicket with his score in the fifties.

James came out very well with 4 wickets for 33, but Rutherford bowled much better than 1 for 59 suggests and was unlucky. The fielding was very keen at the start, but wilted long before the 200 was up. Heyland completed a good day's work by holding a couple of very easily-missable catches.

#### Scores:

#### THE PRESENT.

R. Heyland, lbw, b Nunn	73	R. Mundy, b Maley	56
C. T. A. James, lbw, b Maley	20	E. O. Evans, not out	8
J. North, lbw, b Anderson	11	Extras	18
N. Grant, lbw, b Nunn	17		
W. M. Maidlow, c Gabb, b Nunn	59		
D. J. A. Brown, c Boney, b Nunn	11		
		Total (for 7 wks. dec.)	273

B. G. Gretton-Watson, S. T. Rutherford and J. J. Slowe did not bat.

#### THE PAST.

A. R. Boney, c Heyland, b James	101	J. D. Anderson, not out	22
R. A. Gilbert, b Mundy	4	A. H. Hunt, c Heyland, b Rutherford	0
W. M. Capper, b James	0	G. Bourne, b James	0
W. H. Gabb, c North, b Heyland	56		
J. A. Nunn, b James	43		
		Total (for 7 wks.)	226

M. L. Maley, C. L. Hay-Shunker and S. J. Witteridge did not bat.

Bowling: Mundy, 1 for 30; Rutherford, 1 for 55; James, 4 for 33.

\* \* \*

Rain put an end to a rather deadly game at **Richmond** on the Wednesday of their cricket week. On a good hard wicket they batted first and scored slowly, deplorably slowly—influenced perhaps by the fact that in the first two matches of their cricket week they had been soundly defeated—an unaccustomed experience for what is usually a strong side. Against a Bart.'s side which was by no means at full strength, they took 3½ hours to make 210 for 6 wickets, Dr. Higgs amassing a careful 119. It says much for the accuracy of the bowling that they were kept so quiet, although several catches were dropped.

Bart.'s were left with just over two hours to make the runs, and started their innings under a lowering sky and in semi-darkness; Heyland and James left before our score reached double figures, but North and Grant made a stand until, at 43 for 2, the skies opened wide and swamped the wicket and the game.

Scores: Richmond, 210 for 6 wks. declared (Higgs 119; Grant 2 for 55, Heyland 3 for 42; Bart.'s, 43 for 2 (Head 2 for 22).

#### STOP PRESS CRICKET

The first of what we hope will be an annual fixture was played against **Peperharrow C.C.** on Saturday, June 19th, which was fine. It was to have "gone into the bill" at Peperharrow Park, but was transferred at the last moment to Charterhouse School. It was here that "Mr. J. R. O. Thompson's Bart.'s XI" prepared to meet their fate after a late start from town and several stops (for fuel).

Passing down the drive we were duly impressed—nay, awed—by

the distant prospect of our opponents, already at the nets indulging in apparently quite needless practice, with the solemn dignity of the School Towers rising behind them above a majestic avenue of limes, which later might be a background to our humiliation and disgrace. It was not till then that I realized that the *seven members of my side* who had sworn that they had *never made a run* in their lives might possibly be speaking the truth!

The opposing captain having tossed his double-headed penny and got away with it [the Editor takes no responsibility for this unsporting accusation], Bart.'s crept unwillingly to field.

But what is this? Dransfield (Dragon to his friends) has opened the bowling with an accuracy so deadly that, *mirabile dictu*, two wickets have fallen in the first over. Alf Evans continued the bowling with a Machiavellian cunning which was not sufficient, however, to deceive our opponents, though it undoubtedly demoralized them; and when, ten minutes later, the score-board read 9-5-3, I felt, as did we all, that this was real cricket, and that our hosts were "playing the game, sir".

By 4.30 Peperharrow C.C. were all out for 57 runs, Dransfield having taken 8 wickets and Howell 2 at hardly any personal cost at all. Nor had the fielding been less brilliant: on two occasions Hill, in the slips, only escaped severe contusion by catching the ball, while Richards gave a hair-raising performance just behind the stumps, making one catch which dropped vertically from the skies and also stopping one or two balls which the batsmen were unable to hit; magnanimously he gave Hearn, at long st—I mean very fine leg, plenty of work, and the rest of us hysterics.

After tea I soon learned that *those seven had told no lie*. We kept up an almost continuous to-and-fro movement between pitch and pavilion, only interrupted for the exchange of bats, pads, gloves, compliments and all the other impedimenta so dear to the heart of a cricketer. These excursions were of course accompanied by wet and dry *rales*. Percy Armstrong (*wet rales*) scored.

All was changed when Dransfield and Howell appeared at the wickets; they displayed not only a wide command of stylish strokes, but their own and the Peperharrovians' running powers—there was no noticeable boundary. The former also displayed his lack of judgment of which ball to hit by hitting nearly every ball to where the boundary should have been.

When ultimately the team welcomed their captain back after a reassuringly brief absence at the wickets—no bowler had a chance to break stalwart Stoker's steady stumps—Bart.'s had compiled 109 runs, of which Dransfield and Howell had amassed 62 and 34 respectively. Only one "incident" marred our innings: Hill, umpiring in a benevolent daze, mistook a cry of "How's that?" for "Have another?" and automatically raised his elbow, thus betraying our worthy wicket-keeper, who, with cunning learnt in the field, was trying to kick a perfectly legitimate leg-bye.

The team was: Mr. A. Howard Evans, Dr. C. Murray Dransfield, Mr. Dennis Howell, Mr. Pascoe Hill, Ould Danny Hearn, Stoker, Mr. Eddie Stewart, Mr. Tubby Ellis, Mr. James (I find they like it) Joyce, Mr. Gerry Richards and me.

J. R. O.

#### SWIMMING The Interhospital Water Polo League Cup

matches have now been completed, leaving **Bart.'s the Victors**. This result was achieved mainly through the goal-scoring powers of R. J. C. Sutton and J. C. Newbold, though all the members of the team have played their parts well, even if a certain lack of combination has been evident at times. However, such a lack of combination is hardly surprising when it is realized that we have never turned out the same team on two occasions.

Our hardest match, and the one which decided the issue, was that against **Guy's**. They had previously drawn with St. Mary's, so we expected a fairly even tussle. With the exception of T. O. McKane, the captain, we had a full team in the water, which, however, gave our supporters much anxiety by allowing Guy's, whose combination was far better than ours, to snatch the lead several times, and indeed to keep it for a fairly long period.

Perhaps we were unfortunate in that a very large number of our shots only narrowly missed the net; but the final result was satisfactory, since we won a good game by 6 goals to 5.

#### Results:

v. R. D. and Charing Cross	Won 12-0.
v. St. Mary's	8-3.
v. St. Thomas's	10-0.
v. U.C.H.	12-1.
v. Guy's	6-5.
v. London	(w.o.).



Players have been from R. J. C. Sutton, J. C. Newbold, C. K. Vartan, P. Quibell, T. O. McKane, H. G. Singer, G. J. Walley, M. J. Greenberg (goal), C. H. Hoskyn, J. H. Pratt.

Besides the League polo matches, two "A" team matches have been played, against K.C.H. and St. Mary's, in which we brought several fresh members into the water. Against the former, both the swimming and the polo ended in a draw—in the polo our great obstacle was a 16-stone South American, who seemed to be able to swim and throw the ball with two or three of our men holding on to him; we are informed that putting the weight is his true vocation. Against St. Mary's Bart.'s won 6—5.

The **United Hospitals Swimming Gala** will be held at the Marshall Street Baths at 8.30 p.m. on Saturday, July 3rd. We hope for good support and many supporters when we defend the Swimming Cup. In addition to the Swimming and Diving Championships there will be a water polo match against **Oxford University**. Tickets from T. O. McKane or C. H. Hoskyn.

**ATHLETICS** For the **Inter-Hospitals Sports** heats' day, May 24th, was discouraging for Bart.'s. G. A. Beck was unable to run in the 3 Miles owing to tendon trouble; late trains and the bus strike combined to make D. S. Morris (last year's runner-up) miss the High Jump; R. C. Hogarth, having run into the final of the 440, was disqualified on the grounds of an incorrect entry form; and one of our representatives failed to turn up altogether.

The final results on May 26th, however, were distinctly encouraging; at one stage, with three events to go, we were lying second, only four points behind Guy's, who were the ultimate winners.

After heavy rain the previous night and bright sun all the morning the Duke of York's track was at its best, as is reflected in the fast times recorded despite the sharp bends and unfortunately short lap.

The first surprise for Bart.'s came when G. A. Beck won the 880 from E. V. Hope, the old Cambridge Blue. His time was  $\frac{1}{2}$  sec. outside the record held by two Bart.'s men, H. E. Graham and H. B. Stallard. D. Reinold, having taken third place in the High Jump, won the most exciting finish of the day, beating R. D. H. Collins in the High Hurdles by inches.

Though he has not yet struck last year's form, A. I. Ward won the Long Jump by nearly a foot. K. Butler fulfilled his promise of the earlier part of the season and won useful points with thirds in both the sprints.

When one saw the ease with which St. Thomas's won the Tug-of-war, one could not but regret that the Rugby Team had been unable to enter an "eight" to dispute second place with King's.

Amongst our opponents A. C. Franks (St. Thomas's) and E. I. Davis (Guy's) were outstanding. The former, having beaten Lovelock's record in the 3 Miles earlier in the week, set up a new record for the Mile in a sudden squall of wind and rain. The latter returned "evens" in the 100 Yards and also won the 220.

#### RESULTS.

100 Yards: 1, E. I. Davis (Guy's); 2, J. H. Hanson (Guy's); 3, K. Butler (Bart.'s). 3 yds. Time, 10 sec.  
220 Yards: 1, E. I. Davis (Guy's); 2, G. T. Wallace (St. Thomas's); 3, K. Butler (Bart.'s). 5 yds. Time, 23 sec.  
440 Yards: 1, G. T. T. Fletcher (Guy's); 2, A. Kagwa (London); 3, D. S. Foster (St. Mary's). 10 yds. Time, 51 $\frac{1}{2}$  sec.  
880 Yards: 1, G. A. Beck (Bart.'s); 2, F. V. Hope (St. Thomas's); 3, A. W. Frankland (St. Mary's). 6 yds. Time, 1 min. 59 $\frac{1}{2}$  sec.  
1 Mile: 1, A. C. Franks (St. Thomas's); 2, A. F. J. Etheridge (Guy's); 3, G. A. Beck (Bart.'s). 50 yds. Time, 4 min. 28 sec.  
3 Miles: 1, A. C. Franks (St. Thomas's); 2, A. E. J. Etheridge (Guy's); 3, C. I. Murphie (King's). Time, 14 min. 59 $\frac{1}{2}$  sec.  
120 Yards Hurdles: 1, D. G. Reinold (Bart.'s); 2, R. D. H. Collins (King's); 3, P. H. Garrard (Middlesex). Inches. Time, 16 $\frac{1}{2}$  sec.  
440 Yards Hurdles: 1, K. N. Lloyd (London); 2, E. O. W. Jones (Guy's); 3, R. D. H. Collins (King's). 5 yds. Time, 58 $\frac{1}{2}$  sec.  
High Jump: 1, J. L. Page (London), 5 ft. 7 $\frac{1}{2}$  in.; 2, B. W. Powell (St. Thomas's), 5 ft. 4 $\frac{1}{2}$  in.; 3, D. G. Reinold (Bart.'s), 5 ft. 2 $\frac{1}{2}$  in.  
Long Jump: 1, A. I. Ward (Bart.'s), 21 ft. 2 in.; 2, E. I. Davis (Guy's), 20 ft. 4 in.; 3, R. F. Bonham-Carter (St. Thomas's), 19 ft. 11 $\frac{1}{2}$  in.  
Pole Vault: 1, D. G. Blackburn (Guy's), 10 ft. 5 in.; 2, R. W. U. Kynaston (Guy's), 9 ft. 6 in.; 3, N. P. Shields (Bart.'s), 9 ft. 6 in.  
Weight: 1, H. E. A. Moody (King's), 39 ft. 7 in.; 2, A. J. Martin (St. Thomas's), 39 ft. 4 $\frac{1}{2}$  in.; 3, D. B. Fraser (Bart.'s), 34 ft. 7 in.

Javelin: 1, N. F. Stidolph (St. Mary's), 152 ft. 8 in.; 2, A. R. P. Ellis (Bart.'s), 130 ft. 2 in.; 3, J. Muller (King's), 126 ft. 3 in.

Tug-of-War: St. Thomas's beat King's 2—0; King's beat Guy's for second place 2—0.

One Mile Relay: 1, St. Thomas's; 2, Guy's; 3, St. Mary's. 20 yds. Time, 3 min. 44 $\frac{1}{2}$  sec.

Interhospital Shield: 1, Guy's, 44 points; 2, St. Thomas's, 36 points; 3, Bart.'s 32 points.

British Medical Association Cup: E. I. Davis (Guy's).

Princess Marie Louise Cup: A. C. Franks (St. Thomas's).

#### MATCH V. Barclay's Bank.

Run at Winchmore Hill on the evening of June 3rd.

With a depleted side the Hospital secured a convincing victory for what will be presumably the last match that the Club holds on the old ground. We look forward anxiously to a flat track of more normal proportions at Chislehurst next season.

As usual the match was run in a pleasantly informal spirit, though it was unfortunate that as a result of late arrivals the start was more than half an hour late. Together with our thanks to the Staff, who so kindly acted as judges, we must offer apologies for the protracted nature of the proceedings.

Ward proved the mainstay of our attack, being placed in no less than four events. Reading, the vice-captain of the Bank, had an even more strenuous evening, as he performed in six events.

Morris showed us what might have been in the Interhospitals by clearing 5 ft. 6 $\frac{1}{2}$  in., and Ellis's 134 ft. throw in the Javelin deserves special mention. In Atkinson we have a promising young middle distance runner; his time in the Mile, run only half an hour after the 880, was particularly commendable.

#### RESULTS.

100 Yards: 1, Butler (Bart.'s); 2, Ward (Bart.'s); 3, Payne (Barclay's). Time, 10 $\frac{1}{4}$  sec.  
220 Yards: 1, Butler (Bart.'s); 2, Ward (Bart.'s); 3, Payne (Barclay's). Time, 21 $\frac{1}{2}$  sec.  
440 Yards: 1, Pearce (Barclay's); 2, Hogarth (Bart.'s); 3, Reading (Barclay's). Time, 56 $\frac{1}{2}$  sec.  
880 Yards: 1, Pearce (Barclay's); 2, Atkinson (Bart.'s); 3, Johnson (Bart.'s).  
1 Mile: 1, Atkinson (Bart.'s); 2, Johnson (Bart.'s); 3, Strong (Barclay's). Time, 4 min. 51 $\frac{1}{2}$  sec.  
High Jump: 1, Morris (Bart.'s), 5 ft. 6 $\frac{1}{2}$  in.; 2, Reading (Barclay's), 5 ft. 5 $\frac{1}{2}$  in.; 3, Ward (Bart.'s), 5 ft. 1 $\frac{1}{2}$  in.  
Long Jump: 1, Ward (Bart.'s), 20 ft. 5 in.; 2, Reading (Barclay's), 19 ft. 10 $\frac{1}{2}$  in.; 3, Southwell (Barclay's), 19 ft. 2 in.  
Weight: 1, Gibb (Barclay's), 32 ft. 8 in.; 2, Way (Bart.'s), 30 ft. 11 in.; 3, Ellis (Bart.'s), 29 ft. 10 $\frac{1}{2}$  in.  
Discus: 1, Gibb (Barclay's), 101 ft.; 2, Way (Bart.'s), 84 ft. 4 in.; 3, Ellis (Bart.'s), 70 ft. 7 $\frac{1}{2}$  in.  
Javelin: 1, Ellis (Bart.'s), 134 ft.; 2, Reading (Barclay's), 124 ft. 7 in.; 3, Gibb (Barclay's), 118 ft.

#### LAWN

**TENNIS** v. **Chiswick Hard Courts**; won 4, lost 3, unfinished.  
2. H. R. Marrett and C. S. M. Stephen won 3; R. I. G. Coupland and G. L. Way won 1, lost 1, unfinished; J. D. Loughborough and J. H. Packer lost 2, 1 unfinished.

The unfinished matches were due to bad light.

v. **Staff College**; scratched.

v. **U.C.H.**; won 5—2, 2 unplayed owing to rain. H. R. Marrett and C. S. M. Stephen won 2; R. I. G. Coupland and G. L. Way won 2; G. T. S. Williams and J. H. Packer won 1 and lost 2.

v. **Lancing O.Bs.**; Won 8—1. W. K. Frewen and E. Corsi won 3; H. R. Marrett and C. S. M. Stephen won 3; G. L. Way and R. I. G. Coupland won 2, lost 1.

v. **U.C.H.**, at Perivale; won, 7—2. H. R. Marrett and C. S. M. Stephen won 3; R. I. G. Coupland and G. L. Way won 2, lost 1; G. T. S. Williams and J. H. Packer won 2, lost 1.

#### 2nd VI.

v. **King's College Hospital**; scratched owing to rain.

v. **West Ham Schoolmasters' Association**; scratched owing to rain.

v. **St. Thomas's Hospital**; lost 2—7. G. T. S. Williams and J. D. Loughborough lost 3; J. H. Packer and G. Dalley won 2, lost 1; J. A. Robertson and C. W. Manning lost 3.

v. **King's College, Strand**; scratched.

**Past v. Present.**

This match was played on Saturday, June 5th, at Winchmore in delightful weather. The Tennis Club were most pleased to welcome the members of the Past team who turned out, and most especially were they glad to see the President, Sir Charles Gordon-Watson, and the Vice-President, Mr. H. G. Bedford Russell.

1st and 2nd VI matches were played and there were many very close games; the match resulted in a win for the Present by 15-2, 1 unfinished.

**Results:****1st VI.**

W. K. Frewen and L. Corsi beat B. Thorne-Thorne and J. H. Hunt 6-4, 5-7, 6-3; beat H. G. Bedford Russell and O. A. Savage 6-0, 6-1; beat O. S. Tubbs and J. R. Kingdon 6-3, 6-3.

H. R. Marrett and C. S. M. Stephen beat B. Thorne-Thorne and J. H. Hunt 2-6, 6-3, 15-13; beat H. G. Bedford Russell and O. A. Savage 7-5, 7-5; beat O. S. Tubbs and J. R. Kingdon 6-2, 6-8, 6-4.

G. L. Way and R. I. G. Coupland lost to B. Thorne-Thorne and J. H. Hunt 5-7, 6-8; beat H. G. Bedford Russell and O. A. Savage 6-2, 6-3; beat O. S. Tubbs and J. R. Kingdon 6-2, 6-4. Won, 8-1.

**2nd VI.**

G. T. S. Williams and J. D. Loughborough beat Sir Charles Gordon-Watson and J. F. Beilby 6-3, 7-5; lost to Courtenay Evans and H. E. Archer 1-6, 5-7; beat E. M. Darmady and A. W. D. Leishman 6-4, 7-5.

J. H. Packer and G. Dalley beat Sir Charles Gordon-Watson and J. F. Beilby 6-3, 5-7, 6-4; beat Courtenay Evans and H. E. Archer 6-2, 6-2; beat E. M. Darmady and A. W. D. Leishman 7-5, 6-4.

J. B. Waring and L. H. Cane v. Sir Charles Gordon-Watson and J. F. Beilby (unfinished), 7-5, 4-6; beat Courtenay Evans and H. E. Archer 6-2, 6-3; beat E. M. Darmady and A. W. D. Leishman 6-1, 6-3.

Won 7-1; 1 unfinished.

**1st VI. v. Melbury.**

This match was started at Winchmore Hill on Saturday, June 12th, but owing to a heavy thunderstorm it was impossible to finish; Col. Powell, however, very kindly gave us permission to complete the match at Melbury, where we spent a very enjoyable evening, losing by 3 matches to 5, 1 being unplayed.

E. Corsi and W. K. Frewen beat G. H. West and I. Spencer (1st pair) 6-3, 6-1; lost to J. Monahan and W. S. Maclay (2nd pair) 6-3, 5-7, 3-6; beat P. D. Howard and F. G. Evans (3rd pair) 6-4, 6-1.

H. R. Marrett and C. Stephen lost to 1st pair 4-6, 3-6; lost to 2nd pair 7-5, 4-6, 3-6.

G. L. Way and R. I. G. Coupland lost to 1st pair 1-6, 1-6; lost to 2nd pair 3-6, 4-6; beat 3rd pair 3-6, 6-2, 6-3.

The match v. St. Thomas's Hospital on June 20th was scratched by them.

The 2nd Round of the Senior Cup will be played on July 3rd at Winchmore Hill, against King's College Hospital.

**RIFLE CLUB** After four weeks of practice on Saturdays at 200, 500 and 600 yards, the Club started on the four stages of the United Hospitals Armitage Cup, the final stage of which was held on June 19th at **Bisley**, concurrent with the Annual United Hospital Prize meeting.

Seventeen members of the Club have shot at Bisley with an average attendance of 10. In addition, our Vice-Presidents, Mr. F. W. Haines and Mr. H. W. Rodgers, were present on June 19th, and Mr. Rodgers shot in the prize meeting.

The Hospital team finished fourth in the Armitage Cup.

In the prize meeting N. H. Halper won the Final Stage Aggregate Cup, the Tyros' Aggregate Cup, the Donegal Badge and the 200 yards range prize. G. H. Pickering tied for the 600 yards range prize, but lost in the tie-shoot.

G. Canti, B. P. Armstrong, G. H. Pickering and N. H. Halper have represented the United Hospitals, and the two latter have been chosen to shoot for the United Hospitals in the Astor Cup.

N. H. Halper won the Benefink Cup.

In the miniature range G. H. Pickering won the Lady Ludlow Cup and the Sir Holburt Waring Cup.

## CORRESPONDENCE

### THE GOSSIP COLUMN

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—We wish to congratulate the "Probe" on his "Sequestra", and to deplore the withdrawal of the column from the last issue.

Surely the JOURNAL must realize that such adverse criticism as they have received fills the waste-paper baskets of every editor and public person of character. Most of the criticism is made by those who think they have a personal grievance, and can hardly be taken to represent the opinion of the majority of your readers.

Since this is the first attempt to introduce a new and much-needed bright feature into the JOURNAL, criticisms should have been encouraging in nature. Modifications and increased delicacy of touch might be expected as the "Sequestra" became established.

Yours sincerely,

G. A. RICHARDS.

R. RAMSAY.

R. HANBURY WEBBER.

Students' Union,  
St. Bartholomew's Hospital,  
E. C. 1;

June 15th, 1937.

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

SIR,—It is with much regret that I see that "Sequestra" by "the Probe" is to be discontinued on account of the "unanimity of disapproving correspondence". Moreover, it is with much deeper concern that I discover that certain of your readers have failed to appreciate the harmless nature of your humour in this column.

Is this because the good-humoured remarks were levelled at their own heads, or is it merely because their sense of humour is still embryonic?

You have been accused of indecency, bad taste, irreverence and even libel, so that one is, alas, forced to the conclusion that—

"Some fun is no fun if it is against ourselves".

Yours etc.,

J. W. PERROTT.

63, Eton Avenue,  
W. Hampstead, N.W. 2;  
June 9th, 1937.

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—Together with a large body of students I deplore the suspension of your very entertaining and quite innocuous "Sequestra".

Probing for strictures is a pastime we all have far too little opportunity to indulge, especially when lightly and delicately performed as exemplified by the author of this series. I should like to see the feature continued as do many others.

Yours, etc.,

P. QUIBELL.

St. Bartholomew's Hospital,  
E.C. 1;

June 14th, 1937.

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—We have recently heard "much" about the article headed "Sequestra".

It would appear that you have offended against Christian decency, and, in the sight of your readers, intruded into the sacred privacy of Dr. Hadfield's ward, and made slanderous and libellous accusations against upright and sensitive members of this Hospital.

While at the same time I feel that any direct slight against a body such as the Christian Union (whose cause I do not propose to champion or otherwise) is a little offside, I cannot begin to understand the attitude taken up by those people who came under the very bantering fire from the "Probe" of your contributor.

I, for my part, enjoyed the article as did many many others, and respectfully request that it be continued in the same vein, with due regard to the above and only criticism.

Yours sincerely,

J. R. O. THOMPSON.

St. Bartholomew's Hospital,  
E.C. 1;

June 21st, 1937.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Surely a few letters do not justify the withdrawal of the only really popular column the JOURNAL has ever had? They certainly do not express student opinion, and the JOURNAL is the students' property.

St. Bartholomew's Hospital,  
London, E.C. 1;  
June 6th, 1937.

Yours faithfully,  
N. H. HALPER.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I wish to join my protest to that of many others against the (in my opinion) unwarrantable suspension of the Gossip Column. It provided a much-needed lighter note to the hitherto rather solemn JOURNAL.

St. Bartholomew's Hospital,  
E.C. 1;  
June 17th, 1937.

Yours faithfully,  
R. T. JOHNSON.

### THE GERMAN GUN

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—I read with delight the letter in your last issue on the German Gun. Your correspondent seems to have brought forward unanswerable reasons for the removal of this offensive object from the Hospital precincts, and I hope there may be widespread feeling in support of his suggestion.

June 16th, 1937.

Yours faithfully,  
GEOFFREY KEYNES.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—It seems so much the fashion to protest in these columns that I am filled with joy by the discovery of a suggestion against which I, too, may register a legitimate and emphatic protest.

I refer, Sir, to the wanton proposition contained in a recent letter to remove that glorious and hoary old relic which stands outside the College Office. In a Hospital so full of glorious and hoary old relics, one wonders why this one should have been selected by iconoclastic youth for such storms of vituperation.

The piece of artillery in question is a trophy thrice won. It was first seized in the clamour of wide battle upon the Western Front; then snatched dramatically from constituted authority by that stout rebel, Dr. Charles Harris and his trusty lads; and finally, after its scoundrelly theft by the envious students of University College, gallantly recaptured, and returned to its rightful home.

That the young men of to-day could contemplate its removal and destruction is a sorry indication of the nadir to which their historic pride and moral standards have sunk.

One of the reasons unblushingly brought forward for its removal was the sordid consideration of providing more space for the sumptuous automobiles of our Visiting Staff. And so mercenary has the modern world become that the present writer at least would not be in the least surprised to see them writing to support this infamous project.

Your obedient and sorrowing servant,  
St. Bartholomew's Hospital,  
E.C. 1;  
June 20th, 1937.

### BART'S BULLETIN

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—The new publication, *Bart's Bulletin*, has met with such general approval, coupled with the request for the supply of copies, that the Treasurer, Lord Stanmore, has sent three copies to each of the old St. Bartholomew's men practising in this country.

It is hoped that these copies will be put in waiting-rooms, where they will be read by the patients with, we trust, the result that the needs of both Hospital and College will be widely recognized.

Yours very truly,  
St. Bartholomew's Hospital,  
E.C. 1;  
June 16th, 1937.

GORDON CAMPBELL,  
Chairman, Appeals Committee.  
W. McADAM ECCLES,  
Member of Appeals Committee.

### THE CAMBRIDGE SCIENTISTS

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I wish to protest against the inadequate and misleading review, in your June issue, of *The Protection of the Public from Aerial Attack*, by the Cambridge Scientists' Anti-War Group.

Your reviewer, whose name and qualifications are, as usual, not given, does not mention the fact that the editorial committee responsible for the book consists of a number of very distinguished scientists, whose names would be familiar to many of your readers, and whose opinion in such matters deserves the greatest respect.

Moreover, after a kindly word for the ingenuity of their experiments, your reviewer makes no detailed criticism of their evidence, but proceeds to accuse them of "purely destructive criticism", "thinly veiled anti-Government propaganda", and "sowing the seeds of panic".

If the Government Air-Raid Precautions cannot stand fair criticism, it is not the fault of the authors, nor can they reasonably be blamed for hostility to a Government which foists such precautions on the public.

As for the last accusation, panic is the fear of the unknown and unexpected; if the public is told clearly and repeatedly what it may expect in another war, it will be far less likely to panic if such a war occurs, and it may even be prepared to make some sacrifices to avoid it.

Yours faithfully,  
St. Bartholomew's Hospital,  
E.C. 1;  
June 9th, 1937.

B. M. WRIGHT.

### EDITOR'S NOTE

There appeared in this column last month a letter from Dr. E. B. Poulton appealing for volunteers for Sir George Young's Field Ambulance. For special reasons it has been found necessary after all to cancel this letter, as Sir George Young has decided to employ Spanish medical men instead of English.

### REVIEWS

**Common Skin Diseases.** By A. C. ROXBURGH, M.A., M.D., B.Ch.(Cantab.), F.R.C.P.(Lond.). Fourth edition. (H. K. Lewis & Co. Ltd.) Pp. 400. Price 15s. net.

If ever a text-book richly deserved to reach its fourth edition in the comparatively short space of five years this excellent volume of Dr. Roxburgh's does. A work on the skin diseases intended for the use of students and practitioners is notoriously a difficult one to compile, and few, if any, have achieved the task with such a nice balance between compactness and simplicity, on the one hand, and a reasonable measure of completeness on the other.

The present book is even more profusely illustrated than its predecessors, no less than twenty-six plates having been added and four of the old ones replaced.

The whole work has been revised and brought up to date, with special reference to the sections on treatment, and the paragraphs on dermatitis due to arsenic and gold rewritten more fully.

Additions have also been made to the account of zoster and varicella and to the treatment of varicose veins, where a list of contra-indications to injection will be found.

Dr. Roxburgh believes that the incidence of intra-epidermal epithelioma is much greater than is commonly recognized, and for this reason a note has been inserted in this edition upon it.

For the rest, the book entirely maintains the very high standard of the previous editions, and its author is to be congratulated upon giving us so excellent and so readable a work.

**Recent Advances in Anæsthesia and Analgesia.** By C. LANGTON HEWER, M.B., B.S., D.A. Second edition. (Messrs J. & A. Churchill.) Price 15s.

This is really an excellent book and all students and practising anaesthetists should read this second edition that Mr. Hewer has brought out.

It is a clear, concise account of anaesthesia as it stands to-day. It is exceedingly well laid out, reads pleasantly, and there are lots and lots of pictures.

In the first part the method adopted is that of a discussion on the merits and demerits of each anaesthetic at a length proportionate

to its clinical application. The author covers a cavalcade of anaesthesia from ether and chloroform, through pentothal sodium, evipan and cyclo-propane, finally touching on queer erratic drugs with strange exotic names from America.

In the second part of the book he discusses the ideal anaesthesia to be employed in various types of surgery, in chapters on Chest, Abdomen, Brain, Thyroid Surgery, etc. In each case the value of local, spinal, and nerve-block anaesthesia is fully considered.

In few cases is the author dogmatic; rather does he present the known evidence (and the references are inexhaustible) and give his own opinion.

The remainder of the book consists of really excellent chapters on the description of the various types of modern apparatus, the especial use of oxygen (in tents, etc.), and post-operative complications.

Last, but not least, is an invaluable chapter on that grossly neglected art, that of "stretcher-side manner". What is just a whiff of gas to the anaesthetist is often, to the man the other end of the tube, a moment of gigantic solemnity.

In our opinion there is no better book of its kind for the man whose interest lies beyond the "rag and bottle".

**Diathermy: Including Diathermotherapy and other forms of Medical and Surgical Electrothermic Treatment.** By ELKIN P. CUMBERBATCH, M.A., B.M.(Oxon.), D.M.R.E.(Camb.), F.R.C.P. With nine collaborators. Third edition. (Heinemann.) Price 21s.

We congratulate Dr. Cumberbatch on an excellent book. He has included chapters written by those whose experience is beyond question in their own especial branch of the subject. All the diagrams are clearly printed, and there is no dearth of illustrations.

The present position with regard to short-wave therapy, and inductotherapy has been clearly and concisely put. The whole book is eminently readable, and we can thoroughly recommend it to both student and practitioner.

## EXAMINATIONS, ETC.

### University of Cambridge

The following degrees have been conferred:

**M.D.**—Shepherd, F. W.

**M.B., B.Chir.**—Loxton, G. E.

**M.B.**—Black, K. O., Braithwaite, F., Houlton, A. C. L., Kelsall, A. R., Swain, R. H. A.

**B.Chir.**—Daniel, T. M.

### University of London

**Third (M.B., B.S.) Examination for Medical Degrees, May 1937.**

**Honours.**—\*Londland, C. J.

\* Distinguished in Medicine.

**Pass.**—Balfour, H. I. C., Carpenter, M. A., Cates, J. E., Cuthbert, J. B., de Saram, G. S. W., Hill, J. R., MacCarthy, D. de la C., McKane, T. O., Pearce, H. A., Roualle, H. L. M., Sandell, L. J., Stevenson, R. Y., Taylor, R. W.

### Supplementary Pass List.

**Group I.**—Brown, K. C., Darke, G. H., Foster, W. B., Herbert, G., Hoadley, J., Jackson, H., Jordan, A., Moynagh, D. W.

**Group II.**—Ashton, D. R., Bradley-Watson, J. D., Ennis, J. E., Hambly, E. H., Mountjoy, E. R.

### University of Edinburgh

The following has been elected a **Fellow**: Trueman, R. S.

### Society of Apothecaries of London

#### Final Examination, May, 1937.

**Midwifery.**—Young, G. L.

## CHANGES OF ADDRESS

BAMFORD, H. C., 15, Lypiatt Terrace, Cheltenham, Gloucestershire.  
BARNSELY, Lt.-Col. R. E., R.A.M.C., Headquarters, Northern Command, York.

EATEMAN, C. H., Sweyns, Rayleigh, Essex. (Tel. Rayleigh 36.)

BINTCLIFFE, E. W., 65, Harley Street, W. 1. (Tel. Langham 1534).  
And "St. Austins", Coolhurst Road, Highgate, N. (Tel. Mountview 6064.)

BRADBURY, E., c/o D.M.S.S., Lagos, Nigeria, W. Africa.

HAY, K. R., 73, Addison Road, W. 14. (Tel. Park 6220.)

LANE, Lt.-Col. W. B., I.M.S.(ret.), 39, College Road, Chalk Farm, N.W. 3.

LAWRENCE, D. E., 36, Ridgway, Newport, Mon.

MOIR, E. D., 16, Portman Close, W. 1. (Tel. Welbeck 8818.) (From 1, Gordon Square, W.C. 1.)

RAIT-SMITH, B., 11, Manchester Square, W. 1. (Tel. Welbeck 6280.)

## APPOINTMENT

CASTLEDEN, L. I. M., M.D.(Lond.), appointed Demonstrator in Clinical Medicine to the British Post-Graduate Medical School, Hammersmith.

## BIRTHS

ALEXANDER.—On June 7th, 1937, at Clive Vale, Gillingham, Dorset, to Bertha (*née* Crowder), wife of Dr. Bernard William Alexander—a son.

BAYNES.—On June 5th, 1937, at Reed House, West Byfleet, Surrey, to Anne (*née* Leay), wife of Dr. H. Godwin Baynes—a daughter.

ELKINGTON.—On May 23rd, 1937, at Newport, Shropshire, to Dr. and Mrs. G. E. Elkington—a daughter.

MATTHEWS DUNCAN.—On June 11th, 1937, at The Wood, Sunninghill, Berks, to Betty (*née* Goddard), wife of Charles Matthews Duncan—a son.

TRACEY.—On June 22nd, 1937, to Katherine Reavell and Basil Martin Tracey, of 62, Thorpe Road, Norwich—a son.

## MARRIAGES

CUSACK—THOMPSON.—On April 26th, 1937, at Drisbane Convent Church, by Father Martin Cusack, Michael Killian, eldest son of the late Mr. and Mrs. M. J. Cusack, of Mitchelstown, co. Cork, to Helen, eldest daughter of Mr. and Mrs. W. J. Thompson, Short-castle, Mallow, co. Cork.

DEAN—COUTTS.—On June 5th, 1937, at Christ Church, Crookham, David Maurice Dean, of King's Lynn, to Joan Evelyn, elder daughter of Mr. and Mrs. Edward Coutts, Airlie, Church Crookham, Hampshire.

GAWNE—SVOBODOVA.—On June 12th, 1937, at St. Mary's, Cadogan Gardens, Douglas W. C. Gawne, M.A., M.B., B.Ch., son of the late Wm. Gawne and Mrs. Gawne, of Pargys', Port Erin, Isle of Man, to Anna Maria Svobodova, daughter of Ladislav Svoboda, of Popovic, Czechoslovakia.

JENKINSON—MORRIS.—On June 12th, 1937, at St. Nicholas Church, Chiswick, Surgeon Lieutenant-Commander S. Jenkinson, Royal Navy, to Phyllis Ellen ("Rod") Morris.

NEWTON-DAVIS—WHITTAKER.—On June 9th, 1937, at the Priory Church of St. Bartholomew-the-Great, London, by the Rev. Canon Sidney Savage, Lieut.-Col. C. Newton-Davis, M.C., I.M.S., to Mrs. Kathleen Mary Whittaker, widow of Squadron-Leader John Tudor Whittaker, M.C., R.A.F., and daughter of the late J. W. Finlay and Mrs. Finlay, of Wolfhill House, Belfast.

SHAW—WATERLOW.—On June 1st, 1937, at Bournemouth, Campbell, elder son of the late P. H. Shaw, and Mrs. Shaw, of Basingstoke, to Iris Waterlow, daughter of the late C. R. Butler and Mrs. Douglas Brock, of Horning, Norfolk.

WILLIAMS—CROCKER.—On June 10th, 1937, at Parkstone, Hugh Morgan Williams, F.R.C.S., to Jean Esmé Crocker, both of Parkstone.

## DEATHS

BISHOP.—On June 22nd, 1937, at 1, Montagu Mews South, W. 1, after a long illness, Frederick Michael Bishop, M.R.C.S., L.R.C.P.  
LEE.—On May 26th, 1937, at a nursing home in London, William Emerson Lee, M.D., of the East Sussex Club, St. Leonards-on-Sea, aged 61.

## NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.





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